

Naval Medical Center Portsmouth, VA
Fleet & Family Outpatient Cognitive Intervention Program
Student Enrollment Form

Personal information portion to be filled out by prospective student

Last Name:	First Name:	Middle Initial:	Today's Date:
SSN:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	
Allergies:	Command:	Ethnicity:	
Local Address:	Home Phone:		
Military Address:	Work Phone:		
Work Email address:	Personal Email Address:		
Status: Restriction <input type="checkbox"/>	Civilian Legal Problems <input type="checkbox"/>	Pending Mast <input type="checkbox"/>	Family Advocacy <input type="checkbox"/>

Work information portion to be filled out by prospective student

Branch of Service:	Rate/Rank:	Time in Service:
Command:	Department:	Work Section:
Officer in Charge:	Work Center Supervisor:	Command Medical Officer:
Time assigned to command:	Time assigned to work center:	

Mental health resources accessed portion to be filled out by prospective student

Location	Date/s	Location	Date/s
NAVMEDCEN Portsmouth Inpatient <input type="checkbox"/>		Virginia Beach Psychiatry Inpatient <input type="checkbox"/>	
NAVMEDCEN Outpatient Psychiatry <input type="checkbox"/>		NAVMEDCEN Outpatient Psychology <input type="checkbox"/>	
Civilian Provider: <input type="checkbox"/>		Navy Family Service Center <input type="checkbox"/>	
Other: <input type="checkbox"/>		Other: <input type="checkbox"/>	

Clinical information portion to be filled out by prospective student

Referring Provider:	Last date seen:		
Psychiatric Diagnosis (if applicable):	Understand Diagnosis: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medications Prescribed:			
Medication	Dosage	Date Started	Side Effects
I have received psychiatric testing before:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Social support information portion to be filled out by prospective student

Who do you rely upon for emotional support?
How do you address your spiritual needs and how can we support you in pursuit of the same?
How do you feel about yourself right now?
What are your goals as it relates to this program?
Define the specific incident that led to your referral to OCIP:
Define the specific stressors that you are currently dealing with: